

THE GAHANNA POLICE DEPARTMENT
ALARM REGISTRATION
RESIDENTIAL

Office Use Only
Permit #:

ADDRESS _____

RESIDENT NAME _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT PERSONS
DO NOT LIST YOURSELF

NAME _____ PHONE _____

NAME _____ PHONE _____

ALARM COMPANY _____ PHONE _____

RESIDENCE DESCRIPTION _____ COLOR _____
(RANCH, 2-STORY, CONDO, APARTMENT, ETC.)

PET INFORMATION _____ OFFICER HAZARD? _____

I agree to abide by the Alarm Ordinance, Rules and Regulations of the Gahanna Division of Police, pertaining to alarm systems which regulate the installation, maintenance and operation of the alarm.

Copies of the Alarm Ordinance are available at Gahanna Police Department, 460 Rocky Fork Boulevard, Gahanna, Ohio 43230.

I understand that the City of Gahanna shall not assume any liability whatsoever because of approval of this registration for my residence. I agree that the City of Gahanna is not liable if an alarm registration is cancelled per the Alarm Ordinance.

This alarm registration is not transferable.

I agree to pay all alarm fines as they are assessed, within thirty (30) days of the receipt of notice, sent by the City of Gahanna. Failure to pay assessed fines may cause immediate cancellation of the alarm registration.

NOTE: THERE IS A ONE-TIME CHARGE OF \$35.00

DOB (optional) _____ (Fee waived if over 60 years of age)

APPLICANT SIGNATURE _____ DATE _____